

Lorain Hunter
PCT International Division
(703) 313-8288

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/049764

FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND..	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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11					
12		1			
13			1		
14				1	
15					1
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18				1	
19					1
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48					
49					
50					
TAL					
AMMS	1	2	3	4	5
AMMS	6	7	8	9	10
AMMS	11	12	13	14	15
AMMS	16	17	18	19	20
AMMS	21	22	23	24	25
AMMS	26	27	28	29	30
AMMS	31	32	33	34	35
AMMS	36	37	38	39	40
AMMS	41	42	43	44	45
AMMS	46	47	48	49	50
AMMS	51	52	53	54	55
AMMS	56	57	58	59	60
AMMS	61	62	63	64	65
AMMS	66	67	68	69	70
AMMS	71	72	73	74	75
AMMS	76	77	78	79	80
AMMS	81	82	83	84	85
AMMS	86	87	88	89	90
AMMS	91	92	93	94	95
AMMS	96	97	98	99	100
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE